

**Industrial Insurance Chiropractic Advisory Committee (IICAC) Meeting Minutes**  
**Date: April 19, 2012 from 8:30 a.m. to 1:30 p.m.**



**Final**

**Present:**

Robert Baker, DC (on phone)  
Clay Bartness, DC  
Linda DeGroot, DC  
Michael Dowling, DC, Chair  
Lissa Grannis, DC  
J.F. Lawhead, DC  
Mike Neely, DC  
Bill Pratt, DC, Vice Chair  
Ron Wilcox, DC  
Leah Hole-Curry  
Bob Mootz, DC  
Joanne McDaniel  
Janet Blume

**Guests:**

Judy Schurke, Director  
Vickie Kennedy  
Beth Dupre, Assistant Director for  
Insurance Services  
Margaret Conley  
Teresa Cooper  
Dan Hansen, DC

**General Business**

**Minutes:**

**Moved, Seconded, and Carried (MSC):** The 1/19/12 meeting minutes were approved as written.

**Director Judy Schurke**

Director Schurke thanked the IICAC for their leading edge work creating practice resources and other reference materials that assure workers receive quality care. She is very impressed with the high caliber each practice resource sets for providers to achieve.

L&I highly values our good working relationship with the chiropractic community and the great work they do. IICAC members on the Provider Network Advisory Group are a great resource. Additionally, data shows that workers who receive chiropractic as their initial care have better outcomes.

In 2011, legislation added several new programs to augment better care and faster return to work after injury:

- **Stay at Work Program** provides employers incentives to develop light duty, transitional jobs that keep workers at work during recovery. Incentives include reimbursements for pay, training, and other necessities:  
<http://www.lni.wa.gov/main/stayatwork/>
- **Medical Provider Network** for attending health care providers in Washington beginning 1/1/13:  
<http://www.lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/ProvNetwork/default.asp>
- **Expanding Centers for Occupational Health and Education (COHEs)** by the end of 2015 to give workers statewide access to best practices:  
<http://www.lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/ProvNetwork/default.asp>
- **Structured Settlement Program** for injured workers over 55 years old. Settlements must be in the best interest of the worker and allow them to pursue claim reopening for medical only, if needed:  
<http://lni.wa.gov/main/settlement/>

The IICAC thanked Director Schurke for taking time to meet with them.

**PEO Subcommittee Report:**

Ron Wilcox, DC demonstrated the PEO's draft video on "Work Relatedness." Several videos are planned for additions to L&I's online library of recorded webinars.

**PPQ Subcommittee Report:**

J.F. Lawhead, DC and Bob Mootz, DC shared the summary of public comments on the Functional Improvement in Conservative Care practice resource. All issues were addressed.

**MSC:** The practice resource was approved for publication.

**Self Insurance Billing Issue:**

Margaret Conley and Teresa Cooper reported more self insured bills are being received by the State Fund than in the past. Due to the volume, the State Fund will no longer send the bills back to the doctor with the name of the employer. Instead, doctors should go to the Self Insurance section's website for the lists of self insured employers and their third party administrators  
<http://www.lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/Default.asp> Self insured claims begin with W, S, or T.

**Provider Network Enrollment Update**

Gary Walker shared invitation letters are being mailed monthly to different regions of the state. However, doctors can register at any time. If providers have questions, contact Donna Zulauf, L&I Credentialing Unit Supervisor at 360-902-9115.

A Credential Review Committee will be formed later this year.

**Best Practices Implementation Measures**

Dan Hansen, DC explained the best end measure is return to work. Yet, most best practices and practice resource recommendations are not billable. Without billing codes to assess, what measures exist to determine whether or not return to work would have happened (or as soon) if the best practices or practice resource recommendations hadn't been applied?

Recognizing outcomes vary dependent on providers' volume of injured workers treated, degree of interest in best practices, and care coordination, several options were discussed, including but not limited to:

- medical homes (give integrated care and look at outcomes),
- mapping office and clinic workflows, etc., and
- workflow templates on how to teach, implement, and measure clinical transformation.

Researched measures of predictable provider workflows find fewer tests and medical errors, plus better outcomes.

No decisions were made.

**July Meeting Agenda Planning:**

On 7/19/12, the IICAC will be in closed session to strategically plan long term work products and methods to accomplish them. No business will be conducted nor votes taken.

The executive committee of Bob Mootz, DC, Mike Dowling, DC, and Joanne McDaniel will plan the meeting.